

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000070653 (6)**

1. Corporation Name

OVINGTON AVIATION, INC.



| | |
|---|---|
| Principal Place of Business 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336 | Mailing Address 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 1111 W. Newport Center Dr. Suite, Apt. #, etc. | | 2a. Mailing Address 26 1111 W. Newport Center Dr. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/23/1996 | |
| 22 City & State 23 Deerfield Beach, FL | | 27 City & State 28 Deerfield Beach, FL | | 4. FEI Number 65-0703171 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 24 Zip 33442 | | 29 Zip 33442 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country USA | | 30 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| g. Name and Address of Current Registered Agent SPARKMAN, KENDALL 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336 | | | | 8. This corporation owes or has paid the current year Intangible, Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Michael B. Hornstein |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 1111 W. Newport Center Dr. |
| 84 City Deerfield Beach |
| 85 Zip Code FL 33442 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael B. Hornstein

Michael B. Hornstein

2/27/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE VP | <input checked="" type="checkbox"/> DELETE |
| NAME MICHAELSON, ROBERT T. | |
| STREET ADDRESS 15 W. 58TH ST., 12TH FLOOR | |
| CITY-ST-ZIP NEW YORK NE | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE D,P,S,T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME Christian Schwemberger-Swarovski | |
| 1.3 STREET ADDRESS 1111 W. Newport Center Drive | |
| 1.4 CITY-ST-ZIP Deerfield Beach, FL 33442 | |
| 2.1 TITLE AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Michael B. Hornstein | |
| 2.3 STREET ADDRESS 1111 W. Newport Center Drive | |
| 2.4 CITY-ST-ZIP Deerfield Beach, FL 33442 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael B. Hornstein

Michael B. Hornstein

2/27/98 954 481 1800

CR2E034 (10/97)